

**State of Tennessee  
Department of Health**



**Computer Access Security Agreement**

I hereby acknowledge receipt of my computer access code(s) and my use of them demonstrates my agreement to the following guidelines:

- 1.) I shall maintain confidentially all computer information and resources to which I have access or control.
- 2.) I shall take appropriate measures to safeguard and protect the information and computer resources of the State that are available to me.
- 3.) I shall use the information and computer resources only for authorized State business and not disclose any information or documentation obtained from, or pertaining to, the State's computer system(s) to any third party, except in the routine lawful conduct of the State's business.
- 4.) I shall be accountable for and accept full responsibility for all transactions performed using my computer access codes.
- 5.) I shall maintain all computer access codes in the strictest of confidence; immediately change them if I suspect that their secrecy has been compromised and report suspected misuse to the respective Security Administrator.

I have read and agree to comply with the guidelines set forth above.

I understand that willful violation of, or disregard for, any of these guidelines may result in disciplinary action up to and including termination of my employment, termination of my business relationship with the State of Tennessee and possible prosecution under the provisions of the Computer Crimes Act as cited at TCA 39-14-601 et seq.

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Due to be returned to Sec. Admin

\_\_\_\_\_  
User ID